Approved for use through 1/31/2007 OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

| PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875 | | | | | | | Application or Docket Number 10/773,233 | | | ling Date 09/2004 | To be Mailed | |
|---|---|---|--|---|------------------|---|--|------------------------|----|-----------------------|------------------------|--|
| APPLICATION AS FILED – PART I (Column 1) (Column 2) | | | | | | | SMALL ENTITY | | | | HER THAN ALL ENTITY | |
| Н | FOR | | NUMBER FILED | | NUMBER EXTRA | | RATE (\$) | FEE (\$) | г | RATE (\$) | FEE (\$) | |
| | BASIC FEE (37 CFR 1 16(a), (b), or (c)) | | N/A | | N/A | | N/A | | 1 | N/A | | |
| | SEARCH FEE (37 CFR 1 16(k), (i), o | | N/A | | N/A | | N/A | |] | N/A | | |
| | EXAMINATION FE (37 CFR 1,16(o), (p), c | ΞE | N/A | | N/A | | N/A | |] | N/A | | |
| | TAL CLAIMS CFR 1.16(i)) | | minus 20 = | | • | | x s = | | OR | x s = | | |
| | DEPENDENT CLAIM CFR 1.16(h)) | | | inus 3 = * | |] | X \$ = | |] | X \$ = | | |
| | APPLICATION SIZE (37 CFR 1.16(s)) | FEE shee is \$2 addit | If the specification and drawings exceed sheets of paper, the application size fee is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. \$35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s) | | | | | | | | | |
| | MULTIPLE DEPEN | NDENT CLAIM PR | ESENT (3 | 7 CFR 1.16(j)) | |] | | |] | | | |
| * If i | the difference in colu | umn 1 is less than | zero, ente | r "0" in column 2. | | - | TOTAL | |] | TOTAL | | |
| L | APPLICATION AS AMENDED - PART II (Column 1) (Column 2) (Column 3) | | | | | | | SMALL ENTITY | | | ER THAN ALL ENTITY | |
| AMENDMENT | 04/14/2011 | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | | RATE (\$) | ADDITIONAL FEE (\$) | | RATE (\$) | ADDITIONAL FEE (\$) | |
| ĬΝ | Total (37 CFR 1.16(ii) | · 17 | Minus | 82 | = 0 |] | x \$ = | | OR | X \$52= | 0 | |
| ۲ | Independent (37 CFR 1.16(h)) | • 6 | Minus | 28 | = 0 | l | X \$ = | | OR | X \$220= | Ō | |
| Σį | Application Size Fee (37 CFR 1.16(s)) | | | | | | | | | | | |
| _ | FIRST PRESEN | NTATION OF MULTIF | PLE DEPEN | IDENT CLAIM (37 CFF | R 1.16(j) | | | | OR | | | |
| Γ | | | | | | | | | OR | TOTAL ADD'L FEE | 0 | |
| L | | (Column 1) | | (Column 2) | (Column 3) | | | | | | | |
| | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | | RATE (\$) | ADDITIONAL FEE (\$) | | RATE (\$) | ADDITIONAL FEE (\$) | |
| | Total (37 CFR 1,16()) | | Minus | | - | 1 | X \$ = | | OR | x s = | | |
| AMENDMENT | Independent (37 CFR 1.16(h)) | | Minus | *** | - | 1 | X \$ = | | OR | X \$ = | | |
| ΞĮ | Application Size Fee (37 CFR 1.16(s)) | | | | | 1 | | | 1 | | | |
| AM | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j)) | | | | | 1 | | | OR | | | |
| Γ | | | | | | • | TOTAL ADD'L FEE | | OR | TOTAL ADD'L FEE | | |
| It | If the entity in column 1 is less than the entry in column 2, write 0" in column 3. Legal Instrument Examiner: "If the "Highest Number Perviously Paid For IN THIS SPACE is less than 30, enter "20". "If the "Highest Number Perviously Paid For IN THIS SPACE is less than 3, enter "20". "If the "Highest Number Perviously Paid For IN THIS SPACE is less than 3, enter "3". The "Highest Number Perviously Paid For IN THIS SPACE is less than 1, enter "20". NICHELE PETERSON The "Highest Number Perviously Paid For IN THIS SPACE is less than 1, enter "20". | | | | | | | | | | | |

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you preparing, and such militing the completed application for this or the User's Uniform with operating light on the individual case. Any comments on the amount of the required to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Office, U.S. Patient and Trademark Office, U.S. Department of Commence, D.O. Box 1460, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO: Commissioner for Patients, P.O. Box 1430, Alexandria, VA 22313-1450.